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**T**he analysis of rapid HIV screening by Farnham, Gorsky, and their colleagues breaks new ground by presenting new cost information and a framework applicable to other emerging screening technologies, such as home testing kits. Most importantly, it identifies two thorny issues for policy and practice that define the utility of the rapid testing technology: For whom do we test? What do we say?

**Who benefits from counseling and testing?** The first issue involves the goals of testing and counseling, on which there is surprisingly little consensus. The analysis

presents two outcomes: one that considers only HIV-positive individuals who correctly learn their status, and one in which value is placed on correctly informing both HIV-positive and HIV-negative individuals about their status. Although both outcomes consistently favor rapid testing, the goals of testing

and counseling determine exactly what the cost-effectiveness will be. These need more discussion.

Simply stated, is the goal: a) to identify as many of those testing positive as possible, and do what we can to prevent them from infecting others? b) to provide those testing both positive and negative with information and motivation to avoid risky behavior? or c) simply to inform those testing both positive and negative about their status, so that as autonomous human beings they can make their own choices? Each of these can be justified in terms of the ethics and traditions of public health<sup>1,2</sup>. Different counseling and testing programs may emphasize one or another goal; for example decision makers may envision a different goal for perinatal testing than for adults in clinic situations. But if we value increasing the percentage who are correctly informed of HIV status, we have in hand a superior technology. Public health practitioners know that achieving this goal under the current test procedures

would require costly and labor intensive follow-up.

**What information should be provided before a return visit?** By the analysis of Farnham et al., rapid testing avoids a return visit for most people, thus improving the percentage who are correctly informed and avoiding additional time and expense for them. For those screening HIV negative, this is a distinct advantage, but it requires giving them their screening results on the first visit. The sticking point for public health practice involves what to do about those who screen positive. The test information is, after all, preliminary. What should be shared? In what form should it be shared?

If rapid testing is implemented, it will not be feasible to selectively withhold the preliminary screening information. The public will be aware that screening results can be made available immediately. If people do not immediately receive information that they are negative, the inference is that they screened positive.

Fortunately, the consequences of rapid testing for those testing either positive or negative are amenable to study by behavioral researchers<sup>2</sup>. We can study whether: 1) the preliminary information improves return rates; 2) whether it produces negative side effects; and 3) whether it alters behavior. What we cannot afford to do is to avoid the choices that the rapid testing technology poses. Serious debate on these choices is inevitable. This technology, and additional new developments, are upon us and the choices are posed right now.

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## For Whom Do We Test? What Do We Say?